



Mental Health Update

May 4, 2006

Infrastructure of Mental Health Web Site Changing

We are gradually changing the infrastructure of the Mental Health Web Site to make it more user-friendly.

- The Futures Project now has its own home page within the site, and all of its work group documents and meeting notes are posted with each respective work group.
- Notes from Standing Committees are now posted with the Committee sites. Click through to Mental Health Services, then Boards and Committees.
- There is now a separate link to the weekly list of upcoming meetings.

Comprehensive Continuous Integrated Systems of Care (CCISC)

Trainers' Meeting: Working towards Sustainability

Last Wednesday, DMH sponsored a meeting with the CCISC Trainers and CRT Directors to discuss the long-term sustainability of efforts with the designated agencies to implement the evidence based practice of Integrated Dual Disorder Treatment. This project has been implemented at Vermont's designated agencies over the past three years and is approaching its final year of federal grant funding (FY07).

At the meeting, the designated agencies shared information and examples of lessons learned. Particularly important is establishing continuous quality improvement and workforce development activities. Many of the DAs have made extensive efforts to implement integrated treatment systems and to build collaboration across programs. Most notable since November of 2004, when Vermont's CCISC project began, is the 41% increase in identification of co-occurring mental health and substance use disorders among Community Rehabilitation and Treatment consumers.

HUD Homeless Funds for Mentally Ill Homeless in Vermont

The Vermont Department of Health Division of Mental Health is a member of the State Homeless Continuum of Care. Last week the State Interagency Council to End Homelessness ranked and scored all statewide homeless program funding requests for this year's federal competition. Of the 15 applicants, the VDH DMH has 6 ongoing projects seeking HUD funding for renewals that total \$574,987. This year the total request for funds is \$1,256,579. This request will be sent to HUD by the application deadline of May 25, 2006. Funding announcements are anticipated in December 06.

Department Of Justice Visit Postponed

Representatives from the U.S. Dept. of Justice were scheduled to visit Vermont State Hospital from May 8th through May 12th. The purpose of this visit was to assess a baseline for future evaluation of compliance with the Settlement Agreement. However,

early this week, the Division was notified by DOJ that the visit would need to be rescheduled. The Department of Justice, Division of Civil Rights, has not received final approval of the Agreement from the U.S. Attorney General. It is necessary for them to receive this formal approval prior to the visit. While it is possible that the DOJ will be able to arrange for a visit in July, it is likely that the visit will be in early Fall.

FUTURES PROJECT

The Futures Project has a new home on our website

<http://healthvermont.gov/mh/futures/futureshome.aspx>

This website includes links for the Futures work groups and programs. Work group documents are posted with the appropriate work group section, and all documents posted within the past several weeks also are located under “Recent Postings” on the Futures Project home page. Over the next few weeks we will be moving more and more information into the site. Check it out.

Clinical Care Management Work Group

At a work group meeting attended by more than 13 clinical and advocacy leaders statewide, the complex topics of shared risk, interdependence between programs, principles for how clients could move among levels of care, and overall management approaches were discussed. Nick Emlen led a discussion of how a statewide care management system could be structured by reviewing the current functions of the Division of MH care management team and summarizing the design concepts generated in the Futures project to date. Participants noted that the current system of community and inpatient mental health programs has multiple sites for authority and oversight, and that Secretary Charlie Smith’s report on Futures to the legislature called for a shift from a system characterized by cooperation between programs to one of interdependence. While we may aspire to a system of shared responsibility and collaboration, in reality each program currently operates independently. Dr. Stuart Graves offered draft clinical admission criteria to Community Residential Recovery programs. In addition, he developed a document outlining a series of rules that could govern how clients move between levels of care. These materials are posted with this weeks update under the work group: Clinical Care Management.

Developing Agenda for the Futures Advisory Committee Meeting May 15th

At the next Futures Advisory Committee Meeting (2:00-4:30) at the Skylight Conference Room) the committee will begin to take up the complex issue of involuntary treatment and the Futures programs. Anne Donahue recommends that we ground the discussion in Secretary Charlie Smith’s report:

"Vermont law directs that it be our policy 'to work towards a mental health system that does not require coercion or the use of involuntary medication.' In light of this policy, at every point in our planning process, we should be seeking ways to reinforce a system that

maximizes reasonable choices of voluntary services and avoids or minimizes involuntary treatment. While acknowledging that court-ordered or involuntary care is sometimes required, we ask that these recommendations be read with this policy in mind."

"Recommendations for the Future of Services..." Secretary Charlie Smith, 2/4/05, p. 2

Anne suggests that "seeking ways to work towards a system without coercion cannot be assumed to be an intuitive part of our planning processes. This requires a mechanism "at every point in the process" to step back and review how we are maximizing service choices and reducing involuntary treatment." We welcome all of your thoughts about how to best structure a productive discussion.

In addition, we plan to discuss the findings of the Actuarial study projecting psychiatric inpatient bed needs. *We will distribute this report to the committee as soon as we have it, but it may not be available a full week in advance of our meeting.*

Finally, the VSEA plans to bring an issue to the full advisory committee regarding the composition of work groups and their relationship to the Advisory Committee. There is a potential conflict between the goals of balanced representation in work groups on the one hand, and the current operating understanding in which any member of the Futures Advisory Committee can participate in work groups.

Futures Staff Meet with BISHCA

Futures staff and representatives from Buildings and General Services will meet on May 4th with BISHCA. Topics include a discussion about how to organize the work process, the components of an adequate letter of intent and timing of when to publish it, and a detailed discussion of the scope of review for the Conceptual (Phase 1) CON application.

VSH Employees Work Group

The Futures work group that is charged with transition planning for Vermont State Hospital employees has identified, in broad terms, several possible scenarios for staffing a primary inpatient unit to serve most of the patient population currently served by VSH. In the case of each staffing model, the work group will next develop options under which employees might receive hiring preferences, employment benefits, retirement, workforce development, and other supports depending on the status of the new inpatient facility. Whether it is operated as a public facility, a public/private partnership, a private facility, or other model, transition planning is essential to the stability and the future of the current VSH staff. The work group is focused on identifying all of the options, the pros and cons of each, the rank order of the options from most preferred to least preferred, and the requirements for each preferred option to succeed. The goal is to make recommendations to the Futures Advisory Committee in August.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Wednesday night. The average census for the past 45 days was 48.7.